

## WEEKLY SURVEY

Protocol No. PM-8450

### INTRODUCTORY QUESTIONS

**A 1** Since the last time you were interviewed, have you smoked any of the following? (Select "Yes" or "No" for each product.)

Manufactured cigarettes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cigars:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cigarillos:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pipe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(For example, Roll-your-own cigarettes or bidis.)

**A 2** Since the last time you were interviewed, have you used any of the following nicotine-containing products? (Select "Yes" or "No" for each product.)

Snuff:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chewing Tobacco:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine gum or lozenges	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine inhalers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine Patches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nicotine Sprays:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## WEEKLY SURVEY

Protocol No. PM-8450

- 1 How did you arrive at this facility? (Select the one answer that was your main mode of transportation.)

☐ Car, truck, or van  
☐ Train  
☐ Subway  
☐ Public bus  
☐ Taxicab  
☐ Walked the full distance  
☐ Bike  
☐ Motorcycle  
☐ Other, specify: \_\_\_\_\_

- 2 What was your primary activity in the last 8 to 10 hours?

☐ Working at your employment  
☐ Sleeping  
☐ NON-workday activities  
☐ Other, specify: \_\_\_\_\_

IF ANSWER "NO" FOR "MANUFACTURED CIGARETTES" IN QUESTION A.1, SKIP QUESTIONS 3 THROUGH 15.

- 3 In the past 3 days, have you smoked manufactured cigarettes on a regular basis? That is, have you smoked at least 1 cigarette per day?

☐ Yes  
☐ No, Skip to Question 16

- 4 Within the past 3 days, on average, how many cigarettes did you smoke per day?

\_\_\_\_\_

- 5 For the most part, did you smoke your usual brand of cigarettes (your PREFERRED BRAND)?

☐ Yes  
☐ No, brand name and type: \_\_\_\_\_

## WEEKLY SURVEY

Protocol No. PM-8450

- 6 Indicate any changes in the way that you smoked since your last interview.  
(Select all that apply.)

- ☐ Changed brands  
☐ Switched to lower tar product, specify product (brand name) \_\_\_\_\_  
☐ Switched to higher tar product, specify product (brand name) \_\_\_\_\_  
☐ Started using another tobacco or nicotine product in addition to cigarettes  
☐ Reduced the number of cigarettes smoked  
☐ Increased the number of cigarettes smoked  
☐ Stopped smoking cigarettes  
☐ No change (cannot select this option if any other boxes are selected)

- 7 In the past 3 days did you smoke other brands than your PREFERRED BRAND?

- ☐ Yes  
☐ No, Skip to Question 16

- 8 How many different brands did you smoke other than your PREFERRED BRAND in the last 3 days?

\_\_\_\_\_

You will be asked to answer Questions 9 through 15 for each of the brands indicated in Question 8. If more than one brand is indicated in Question 8, think of one brand at a time for responses to the series of questions.

- 9 What is the full name this alternate brand of cigarettes you smoked in the last 3 days? (Referred to as "ALTERNATE BRAND" for the following questions.) (Indicate one brand only.)

\_\_\_\_\_

- 10 Is this ALTERNATE BRAND (from Question 9) full flavor, milds, lights, or ultra lights? (Select one only.)

- ☐ Full Flavor  
☐ Milds  
☐ Lights  
☐ Ultra lights

- 11 Is this ALTERNATE BRAND (from Question 9) menthol or non-menthol? (Select one only.)

- ☐ Menthol  
☐ Non-menthol (regular)

## WEEKLY SURVEY

Protocol No. PM-8450

- 12 Is the length of this ALTERNATE BRAND (from Question 9) king size or shorter, 100s, or 120s? *(Select one only.)*  
☐ King size or shorter  
☐ 100s  
☐ 120s
- 13 Is this ALTERNATE BRAND (from Question 9) usually soft pack or box? *(Select one only.)*  
☐ Soft pack  
☐ Box
- 14 Is this ALTERNATE BRAND (from Question 9) filtered or non-filtered? *(Select one only.)*  
☐ Filtered  
☐ Non-filtered
- 15 How many of the ALTERNATE BRAND (from Question 9) did you smoke in the last 3 days?

QUESTIONS 9 THROUGH 15 WILL BE REPEATED FOR EACH BRAND INDICATED IN QUESTION 8.

Questions 16 through 20 are related to your exposure to tobacco smoke in your WORK ENVIRONMENT during the last 3 days.

- 16 Within the last 3 days, did you work indoors or in an enclosed space where you were exposed to tobacco smoke of others?  
☐ Yes  
☐ No, Skip to Question 21
- 17 Over the past 3 days, how many jobs have you worked at in which you were exposed to the tobacco smoke of other smokers indoors or in an enclosed space on a regular basis?

**WEEKLY SURVEY**

*You will be asked to answer Questions 18 through 20 for each of the jobs indicated in Question 17. If more than one job is indicated in Question 17, think of one job at a time for responses to the series of questions.*

- 18 During which of the last 3 days were you exposed to tobacco smoke from others at this workplace indoors or in an enclosed space? (Think of Day 1 as the beginning of the 3 days and Day 3 as yesterday.) (Select all that apply.)
- ☐ Day 1      ☐ Day 2      ☐ Day 3
- 19 For how long each day on average during the last 3 days were you regularly exposed to tobacco smoke at this workplace indoors or in an enclosed space, including the time spent at the cafeteria and during breaks?
- \_\_\_\_\_ hours per day to the nearest half-hour
- 20 Would you say that the amount of tobacco smoke to which you were exposed in this workplace indoors or in an enclosed space was usually light, moderate, or heavy in the last 3 days?
- ☐ Light  
☐ Moderate  
☐ Heavy

**QUESTIONS 18 THROUGH 20 WILL BE REPEATED FOR EACH JOB INDICATED IN QUESTION 17.**

*The next series of questions (Questions 21 through 36) are about your HOME ENVIRONMENT and your exposure to the tobacco smoke of others in your home during the past 3 days.*

- 21 Do you live with someone in a marital type relationship?
- ☐ Yes  
☐ No, Skip to Question 30
- 22 At home, did your spouse/partner smoke in your presence during the past 3 days?
- ☐ Yes  
☐ No, Skip to Question 30

## WEEKLY SURVEY

Protocol No. PM-8450

*Questions 23 through 29 are related to your exposure to the tobacco smoke of your spouse/partner.*

- 23 What did your spouse/partner smoke in your presence in the last 3 days?  
(Select only one.)  
☐ Manufactured Cigarettes  
☐ Cigars  
☐ Cigarillos  
☐ Pipes  
☐ Other product or combination (more than one product), specify: \_\_\_\_\_  
(For example, Roll-your-own cigarettes or bidis or combinations such as cigars plus pipes.)
- 24 During the last 3 days, how often did your spouse/partner smoke PRODUCT (from Question 23) at home when you were together?  
☐ Every day (all 3 days)  
☐ 2 days  
☐ 1 day  
☐ Never, Skip to Question 30
- 25 In the last 3 days, on average how many PRODUCT (from Question 23) did your spouse/partner smoke per day at home when you were together?  
\_\_\_\_\_ per day
- 26 During the last 3 days, for how long each day on average were you exposed to your spouse/partner's tobacco smoke from PRODUCT (from Question 23) at home when you were together?  
\_\_\_\_\_ hours per day to the nearest half-hour
- 27 Over the past 3 days, have there been any changes in the amount your spouse/partner smoked PRODUCT (from Question 23) in your presence at home when you were together? (For example, was your spouse/partner away from home?)  
☐ Yes  
☐ No, Skip to Question 30
- 28 During which of the last 3 days did the change occur? (Think of Day 1 as the beginning of the 3 days and Day 3 as yesterday.) (Select all that apply.)  
☐ Day 1      ☐ Day 2      ☐ Day 3

- 29 What kind of change occurred?
- \_\_\_\_\_

*This next series of questions (Questions 30 through 36) are asked about persons other than your spouse/partner who live in your home or who visit on a regular basis.*

- 30 Within the last 3 days, were you exposed to tobacco smoke from persons other than a spouse/partner who lived in the same residence or who visited regularly?
- ☐ Yes
- ☐ No, Skip to Question 37
- 31 How many different people, not including a spouse/partner, exposed you to tobacco smoke in your home during the last 3 days?
- \_\_\_\_\_

*You will be asked to answer Questions 32 through 36 for each person indicated in Question 31. If more than one person is indicated in Question 31, think of one person at a time for responses to the series of questions.*

- 32 On which of the last 3 days were you exposed to the tobacco smoke of this person at your home? Think of Day 1 as the beginning of the 3 days and Day 3 as yesterday. (Select all that apply.)
- ☐ Day 1      ☐ Day 2      ☐ Day 3
- 33 What did this person smoke in your presence in the last 3 days? (Select only one.)
- ☐ Manufactured Cigarettes
- ☐ Cigars
- ☐ Cigarillos
- ☐ Pipes
- ☐ Other product or combination (more than one product), specify: \_\_\_\_\_
- (For example, Roll-your-own cigarettes or bids or combinations such as cigars plus pipes.)

## WEEKLY SURVEY

- 34 In the last 3 days, how often did this person smoke PRODUCT (from Question 33) in your home when you were together?
- ☐ Every day (all 3 days)  
☐ 2 days  
☐ 1 day  
☐ Never, Skip to Question 37
- 35 On a typical day during the last 3 days, on average how many PRODUCT (from Question 33) did this person smoke in your home when you were together?
- \_\_\_\_\_ per day
- 36 During the last 3 days, for how long each day on average were you exposed to this person's tobacco smoke from PRODUCT (from Question 33) at your home when you were together?
- \_\_\_\_\_ hours per day to the nearest half-hour

**QUESTIONS 32 THROUGH 36 WILL BE REPEATED FOR EACH PERSON INDICATED IN QUESTION 31.**

*This next series of questions (Questions 37 through 42) ask about your exposure to tobacco smoke while traveling in vehicles (VEHICLE EXPOSURE).*

- 37 Within the last 3 days, have you traveled in an enclosed vehicle that was smoky or where you could at least smell tobacco smoke of others most of the time?
- ☐ Yes  
☐ No, Skip to Question 43
- 38 How many different vehicles did you travel in during the last 3 days which were smoky or where you could at least smell tobacco smoke of others most of the time?
- \_\_\_\_\_



**WEEKLY SURVEY**

*You will be asked to answer Questions 39 through 42 for each vehicle indicated in Question 38. If more than one vehicle is indicated in Question 38, think of one vehicle at a time for responses to the series of questions.*

- 39 What type of vehicle was this? (Select one for each time this question is repeated for the number of vehicles indicated in Question 38.)
- ☐ Car, truck, or van  
☐ Train  
☐ Bus  
☐ Other, specific: \_\_\_\_\_
- 40 On which of the last 3 days were you exposed to the tobacco smoke in this VEHICLE (from Question 39)? Think of Day 1 as the beginning of the 3 days and Day 3 as yesterday. (Select all that apply.)
- ☐ Day 1      ☐ Day 2      ☐ Day 3
- 41 In the last 3 days, approximately how many hours were you in this VEHICLE (from Question 39) while you were exposed to the tobacco smoke of others?
- \_\_\_\_\_ hours to the nearest half-hour
- 42 Would you say that the amount of tobacco smoke from others in this VEHICLE (from Question 39) was usually light, moderate, or heavy during the last 3 days?
- ☐ Light  
☐ Moderate  
☐ Heavy

**QUESTIONS 39 THROUGH 42 WILL BE REPEATED FOR EACH VEHICLE INDICATED IN QUESTION 38.**

*The next series of questions (Questions 43 through 48) ask about places where you may have been exposed to tobacco smoke of others, not including places we have already covered (which were your work environment, home environment, vehicle). This would include places such as restaurants, bars, etc. (OTHER LOCATION EXPOSURE)*

## WEEKLY SURVEY

Protocol No. PM-8450

- 43 Thinking about just the past 3 days, have you been exposed to the tobacco smoke of others, someplace other than those places that we have already talked about? (e.g., a bar or a restaurant)

☐ Yes  
☐ No, Skip to Survey End

- 44 In the past 3 days, how many places have you gone where you were exposed to the tobacco smoke of others? (e.g., in a bar or a restaurant)

\_\_\_\_\_

*You will be asked to answer Questions 45 through 48 for each place indicated in Question 44. If more than one place is indicated in Question 44, think of one place at a time for responses to the series of questions.*

- 45 What type of place was it?

- \_\_\_\_\_
- 46 On which of the last 3 days were you exposed to the tobacco smoke of others in this PLACE (from Question 45)? Think of Day 1 as the beginning of the 3 days and Day 3 as yesterday. (Select all that apply.)

☐ Day 1      ☐ Day 2      ☐ Day 3

- 47 During the last 3 days, approximately how many hours were you in PLACE (from Question 45) where you were exposed to the tobacco smoke of others?

\_\_\_\_\_ hours to the nearest half-hour

- 48 Would you say that the amount of tobacco smoke in the PLACE (from Question 45) was usually light, moderate, or heavy during the last 3 days?

☐ Light  
☐ Moderate  
☐ Heavy

**QUESTIONS 45 THROUGH 48 WILL BE REPEATED FOR EACH PLACE  
INDICATED IN QUESTION 44.**

**END INTERVIEW**